

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	<b>Attorney Docket No.</b> 136922002510	
	<b>First Inventor</b> Kjeld K. CHRISTENSEN	
	<b>Title</b>	<b>METHOD AND APPARATUS FOR TESTING COPY PROTECTED COMPACT DISCS</b>
	<b>Express Mail Label No.</b> EV 335358202 US	

<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents.</i>	<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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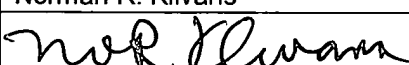
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) - 2 pages</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <b>21</b>] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R &amp; D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>5</b>]</p> <p>5. Oath or Declaration [Total Sheets <b>2</b>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 - 2 pages</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement [ ] Power of (when there is an assignee) Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS/PTO-1449 - 4 pages [ ] Copies of IDS Citations</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment - 6 pages</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span></p>
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No.: 09/790,174  
Prior application information: Examiner A. Psitos Art Unit: 2653

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>19. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> Customer Number: <u>25226</u>		OR <input type="checkbox"/> Correspondence address below			
Name					
Address					
City		State		Zip Code	
Country		Telephone		Fax	

Name (Print/Type)	Norman R. Klivans	Registration No. (Attorney/Agent)	33,003
Signature		Date	November 10, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Label No. EV 335358202 US, in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 10, 2003

Signature:  (Tamara Alcaraz)

00727 U.S. PTO  
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FEE TRANSMITTAL for FY 2004				Complete if Known																									
Effective 10/01/2003, Patent fees are subject to annual revision.				Application Number	Not Yet Assigned																								
				Filing Date	Concurrently Herewith																								
				First Named Inventor	Kjeld K. CHRISTENSEN																								
				Examiner Name	Not Yet Assigned																								
				Art Unit	Not Yet Assigned																								
				Attorney Docket No.	136922002510																								
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>TOTAL AMOUNT OF PAYMENT</b> (\$)     770.00																											
METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)																										
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">03-1952</span> Deposit Account Name: <span style="border: 1px solid black; padding: 2px 40px;">Morrison &amp; Foerster LLP</span> The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			3. ADDITIONAL FEES																										
FEE CALCULATION																													
1. BASIC FILING FEE																													
Large Entity	Small Entity																												
Fee Code (\$)	Fee Code (\$)	Fee (\$)	Fee (\$)	Fee Description	Fee Paid																								
1001 770	2001 385			Utility filing fee	770.00																								
1002 340	2002 170			Design filing fee																									
1003 530	2003 265			Plant filing fee																									
1004 770	2004 385			Reissue filing fee																									
1005 160	2005 80			Provisional filing fee																									
SUBTOTAL (1)				(\$)	770.00																								
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td>Total Claims</td> <td style="border: 1px solid black; text-align: center;">12</td> <td>-20 =</td> <td style="border: 1px solid black; text-align: center;">0</td> <td>x</td> <td style="border: 1px solid black; text-align: center;">18.00</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="border: 1px solid black; text-align: center;">2</td> <td>-3 =</td> <td style="border: 1px solid black; text-align: center;">0</td> <td>x</td> <td style="border: 1px solid black; text-align: center;">86.00</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td style="border: 1px solid black; text-align: center;">290.00</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">0.00</td> </tr> </table>						Total Claims	12	-20 =	0	x	18.00	=	0.00	Independent Claims	2	-3 =	0	x	86.00	=	0.00	Multiple Dependent					290.00	=	0.00
Total Claims	12	-20 =	0	x	18.00	=	0.00																						
Independent Claims	2	-3 =	0	x	86.00	=	0.00																						
Multiple Dependent					290.00	=	0.00																						
Large Entity	Small Entity																												
Fee Code (\$)	Fee Code (\$)	Fee (\$)	Fee Description																										
1202 18	2202 9		Claims in excess of 20																										
1201 86	2201 43		Independent claims in excess of 3																										
1203 290	2203 145		Multiple dependent claim, if not paid																										
1204 86	2204 43		** Reissue independent claims over original patent																										
1205 18	2205 9		** Reissue claims in excess of 20 and over original patent																										
SUBTOTAL (2)				(\$)	0.00																								
**or number previously paid, if greater; For Reissues, see above																													
SUBMITTED BY																													
Name (Print/Type)			(Complete if applicable)																										
Norman R. Klivans			Registration No. (Attorney/Agent)	33,003	Telephone																								
			(650) 813-5850																										
			Date	November 10, 2003																									